

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kim		hereby certify that this paper is
		eing deposited with the United
) S	States Postal Service with
Serial No.: 10/676,643) s	ufficient postage as first class
) r	nail in an envelope addressed to:
	j (Commissioner for Patents, P.O.
Filed: October 1, 2003) I	Box 1450, Alexandria, VA 22313-
r ned. Gelder 1, 2005		450 on this date:
For: APPARATUS AND METHODS FOR)) I	March 2 5, 2005
SLURRY FLOW CONTROL)	1. CHI
) _	fan a Tigo.
Group Art Unit: 3723		ames A. Flight
•) /	egistration No. 37,622
) V.	Attorney for Applicant(s)
Examiner: Bryan R. Muller		

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action pending in the above application.

03/29/2005 YPOLITE1 00000004 10676643 01 FC:1251 120.00 0P

1.	Small	Entity	Status
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	Verified statement(s) claiming small entity status is(are) attached.
	Small entity status has been established and is still effective.
\boxtimes	Has not been established.

2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY		
One Month	X	\$120.00	\$60.00		
Two Months		\$450.00	\$225.00		
Three Months		\$1020.00	\$510.00		
Four Months		\$1,590.00	\$795.00		
Fifth Month		\$2,160.00	\$1,080.00		

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$120.00

An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$120.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	8	MINUS	10	= 0	x25=	\$	x50=	\$0.00
INDEP.	2	MINUS	4	= 0	x100=	\$	x200=	\$0.00
First Pres	entation of Multi	ple Depender	nt Claim		+180=	\$	+360=	\$
TOTAL	ADDITIONAL	FEE				\$	OR	\$0.00

4. Method of Payment of Fees

\boxtimes	Attached is a check (for the extension of time) in the amount	of:	\$120.00
	Charge Deposit Account No. 50-2455 in the amount of:	\$	

Deposit Account and Refund Authorization

A copy of this Transmittal is enclosed.

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455. A copy of this Transmittal is enclosed.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC USPTO Customer Number 34431 20 North Wacker Drive

Suite 4220

Chicago Illinois 60606

(312)/5/80-1020

By:

James A. Flight

Registration No.: 37,622

March 25, 2005

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